

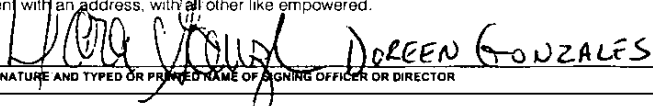


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90076 028 \*\*\*\*61.25

DOCUMENT # N02000001789			
1. Entity Name COUNTRY CHASE MASTER HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 3527 PALM HARBOR BLVD PALM HARBOR, FL 34683		Mailing Address 3527 PALM HARBOR BLVD PALM HARBOR, FL 34683	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. 720 Brooker Creek Blvd. #206		02232007 Chg-NP CR2E037 (12/06)	
City & State Oldsmar, FL 34677		4. FEI Number 01-0674058 Applied For Not Applicable	
Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HANSON, JACK B AGENT MELROSE MANAGEMENT GROUP 3527 PALM HARBOR BLVD PALM HARBOR, FL 34683		Name Street Scannavino, Inc. 720 Brooker Creek Blvd. #206 City Oldsmar, FL 34677	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 4-13-07	
SIGNATURE, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DP <input type="checkbox"/> Delete	NAME GONZALES, DOREEN	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 12404 RUSTIC VIEW CT	CITY-ST-ZIP TAMPA, FL 33635	STREET ADDRESS	CITY-ST-ZIP
TITLE DVP <input checked="" type="checkbox"/> Delete	NAME BOWMAN, LOIS	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 12412 COUNTRY WHITE CIRCLE	CITY-ST-ZIP TAMPA, FL 33635	STREET ADDRESS	CITY-ST-ZIP
TITLE DT <input type="checkbox"/> Delete	NAME FRIEDICH, ANNETTE	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 12482 COUNTRY WHITE CIRCLE	CITY-ST-ZIP TAMPA, FL 33635	STREET ADDRESS	CITY-ST-ZIP
TITLE DS <input type="checkbox"/> Delete	NAME JOHNSON, JARED	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 8508 TIDAL BAY LANE	CITY-ST-ZIP TAMPA, FL 33635	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE 4-11-07 813-855-8111	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE Daytime Phone #	

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